

Gambling Disorder Treatment Approaches: Motivational Interviewing

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Learning Objectives

At the end of this training attendees should know and understand...

- How to incorporate Motivational Interviewing techniques into their treatment practices as it pertains to those identified with a Gambling Disorder.
- Strategies to engage those with gambling related problems in the treatment process.
- How to define limited gambling and the role harm reduction plays in gambling treatment.
- The use of SMART goals in treatment planning with gamblers and their families.

Polling Question

What therapeutic approach do you most identify with?

- a) CBT
- b) Psychodynamic
- c) Mindfulness Based
- d) Motivational Interviewing
- e) Other or a Mix

What is Motivational Interviewing?

“MI is a **collaborative, goal-oriented** style of communication with particular attention to the language of change.

It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of **acceptance and compassion.**”

(Miller & Rollnick, 2013)



Key qualities of Motivational Interviewing:

- MI is a **guiding** style of communication, that sits between **following** (*good listening*) and **directing** (*giving information and advice*).
- MI is designed to **empower** people to change by drawing out their own meaning, importance and capacity for change.
- MI is based on a **respectful and curious** way of being with people that facilitates the natural process of change and honors client autonomy.

The “Spirit” of Motivational Interviewing

The spirit of MI is based on three key elements:

1. collaboration between the therapist and the client
2. evoking or drawing out the client's ideas about change
3. emphasizing the autonomy of the client

*MI is framed as a method of communication rather than an intervention, sometimes used **on its own or combined with other treatment approaches.***

MI is particularly useful to help people examine their situation and options when any of the following are present:

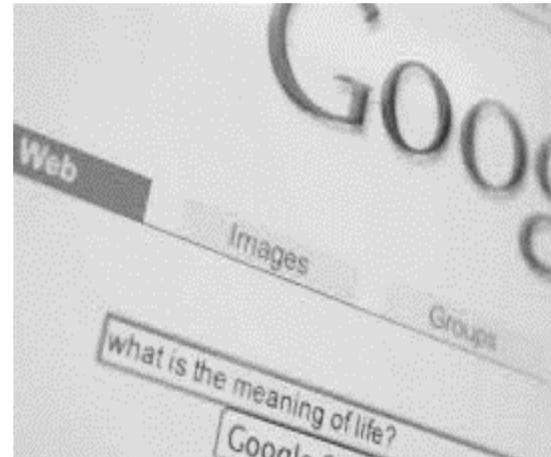
- **Ambivalence is high** and people are stuck in mixed feelings about change
- **Confidence is low** and people doubt their abilities to change
- **Desire is low** and people are uncertain about whether they want to make a change
- **Importance is low** and the benefits of change and disadvantages of the current situation are unclear



Treatment and Best Practice

What Has the Client Already Tried?

On their own clients have used many of our standard therapeutic techniques



What have others, including counselors, already tried?

Four Common Ideas

Insight Induction

If you can make people *see*, then they will change

Knowledge Induction

If people *know* enough, then they will change

Skill Induction

If you teach people *how* to change, then they will do it

Distress Induction

If you can make people feel *bad* or *afraid* enough, they will change

Thoughts about Best Practice

- Safety first
 - Culturally Competent
 - Sets limits of confidentiality
 - Client-Centered
 - Evidenced-Based
 - Client-Matching
 - Treatment modality
 - Length of treatment
 - Therapist
 - Wholistic / Comprehensive
 - Ethical
- Self-Care
 - Time away from work
 - Meditation
 - Massage
 - Therapy
 - Supervision
 - Friends/Family
 - Recreation



Motivational Interviewing

“Motivational interviewing is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.”

(Miller & Rollnick, 2012)

Four General Principles

Express empathy

Develop discrepancy

Roll with resistance

Support self-efficacy

Express Empathy

- Empathy is generally defined empathy as the ability to sense other people's emotions.
- Building a **collaborative relationship** with a client is extremely important.
- Learning what being empathetic with your clients means can be the difference between success and failure to change. Learn how empathy in a client-staff relationship is not a feeling, but a behavior.

Ways to Express Empathy

Listen Actively

Recognize
their emotions

Accept their
interpretations

Restate the
problem

Ask permission
to move
forward

Develop Discrepancy

- Discrepancy is defined as a lack of compatibility or similarity between two or more facts.
- Staff values and beliefs need to be separated from client behaviors.
- Conversations with clients should not express approval or disapproval.
- Find out how to pivot a client's change based on their own behaviors by **evoking instead of installing**.

Selective Empathy

Focuses on discrepancies
(e.g., double-sided reflections)

*“You really enjoy gambling
and would hate to give it
up, yet you see it’s causing
serious problems for your
family and at work.”*

Decisional Balance or Cost-Benefit Analysis

Benefits

Pros of Gambling	Pros of Not Gambling
<ul style="list-style-type: none">• Distraction/ Escape• Excitement	<ul style="list-style-type: none">• Rebuild finances• Improved relationships

Costs

Cons of Gambling	Cons of Not Gambling
<ul style="list-style-type: none">• Family Conflicts• Anxiety/ Stress	<ul style="list-style-type: none">• Face Reality/ Problems• Missing out on wins

Roll with Resistance

- Resistance can be defined as the act of fighting against something or refusing to accept something.
- Bringing about change in a client's behavior or actions is difficult and not without bumps in the road.
- Clients have a need to feel they are in control of their own decisions, which can create resistance when trying to motivate behavior change.
- Learning how to overcome that resistance is not the answer, but instead learning how to **adapt to resistance reflecting the client's ambivalence.**

Resistance: A Different View

- Resistance is **not a trait** in the person.
- It is the client's signal of **dissonance in the relationship**.
 - It is an interpersonal event, not a disposition.
 - Resistance is the *expressed side of ambivalence*.
 - It is motivation to do something other than what is in the direction the therapist is focusing.
- It **predicts (non)change**, or not going in the direction the therapist wants.

Resistance: Responses to Avoid

Never meet resistance head-on via

arguing,
disagreeing

judging,
criticizing,
blaming

warning of
negative
consequences

persuading via
logic or evidence

interpreting or
analyzing reasons
for resistance

confronting with
authority

using sarcasm or
skepticism

These responses are easy to fall into with a competitive gambler.

Support Self-Efficacy

- In psychology, self-efficacy is defined as an individual's belief in their capacity to act in the ways necessary to reach specific goals.
- Changing a client's "I can't..." to a determined "I can change..." in Motivational Interviewing will come from within the client.
- Behavior change can be daunting and overwhelming for anyone, and it is important to NOT try to provide suggestions or solutions, but to **provide support.**

Support Self-Efficacy

- **Partnership.** MI is a collaborative process. The MI practitioner is an expert in helping people change; **people are the experts of their own lives.**
- **Evocation.** People have within themselves resources and skills needed for change. MI draws out the person's priorities, values, and wisdom to **explore reasons for change and support success.**
- **Acceptance.** The MI practitioner takes a nonjudgmental stance, seeks to understand the person's perspectives and experiences, expresses empathy, highlights strengths, and **respects a person's right to make informed choices about changing or not changing.**
- **Compassion.** The MI practitioner actively **promotes and prioritizes clients' welfare and wellbeing** in a selfless manner.

A blurred background image showing two people in a meeting. One person is standing and pointing towards a screen or whiteboard, while another person is seated and looking at the screen. The scene is brightly lit, possibly by natural light from a window, creating a soft, out-of-focus effect.

Engaging Clients: Problem Gambling / Gambling Disorder

Engaging Clients with Problematic Gambling

Be familiar with the most common crises of those with a gambling problem and be ready with some problem-solving strategies that emphasize engagement in the treatment process:

“I understand and I can help you, we know what to do...”

Financial conflicts
“I’m losing my house...”

Family conflicts
“My spouse is leaving me”

Mood stabilization
“I can’t go on like this anymore...”

Vocational conflict
“I’m going to lose my job”

Legal conflict
“I’m about to go to jail...”

Engaging Clients with Problematic Gambling

- What concrete help (*menu of options*) do you have for them that matches motivational level to address common problems?
- What few items of basic client education can you offer to help each client better understand this is a disorder and help is available?

Menu of Options

- Help to manage emotions
- Structured problem solving
- Budget and pressure relief, CCCS
- Help family to understand, cope
- Local attorneys, etc.

Treatments That Have Been Applied

Psychodynamic

12-Step

**Cognitive
Behavioral**

**Motivational
Interviewing**

**Transtheoretical/
Stages of Change**

Harm Reduction

Pharmacotherapy

Marital/Family

**Financial
Counseling**

Mindfulness Based

Brief Interventions

Treatment Outcome
and Client
Attribution of
Therapist
Characteristics

High on:	Low on:
Empathy	Blaming
Warmth	Ignoring
Understanding	Rejecting
Accepting	Challenging
Positive regard	Arguing
Collaboration	Criticizing
Integrity	Disbelief or Skeptical
Genuineness	Cynicism

Counselor Skills

empathy

listening skills

communication
skills

boundary
setting

critical thinking

business
management

acceptance

problem-
solving skills

rapport-
building skills

flexibility

self-awareness

multicultural
competency

Polling Question

Which one of the following counselor skills do you believe to be your strongest?

- a) Empathy
- b) Acceptance
- c) Flexibility
- d) Problem Solving
- e) Listening



Motivation and Understanding

Clients can be motivated to understand why they gamble

Meaning of Gambling

EXCITEMENT

- Living on the edge
- Competitiveness
- Need for strong sensations
- Sexual

REBELLIOUSNESS AND ANGER

- Aggression of gambling
- Authority issues
- Revenge/turning the tables

FREEDOM FROM DEPENDENCY

- Money as the route to independence
- Freedom from need for approval

Meaning of Gambling

SOCIAL ACCEPTANCE

- Democracy of gambling
- Sense of belonging
- Sociability without intimacy

ESCAPE FROM AFFECT

- Antidepressant
- Anti-anxiety
- Erase feelings of guilt, helplessness, shame
- Regulate affect, numb out, dissociate
- Cope with loneliness, emptiness

ALTERNATIVE ROUTE TO SUCCESS

- Provides hope
- Ability to focus
- Provides structure

Change Talk vs Sustain Talk

Change Talk:

- Client leans towards the direction of change.
- Demonstrates movement towards resolving their ambivalence about their behavior.
- Begins to express how making a change is something they want, can do, are committed to, need to do, or have already begun doing.

Sustain Talk: client expresses why they cannot change or why they must maintain the status quo.

Change Talk vs Sustain Talk

Change talk	Sustain talk
I really need to stop gambling because of the bad example I am setting for my kids.	But I love to gamble; it is so much a part of my life.
I have started an exercise program, and things are going well.	But I know I will go back to my old ways once the cold weather comes.

Enhancing Change Talk

- The therapist needs to listen to the patient and nurture the expression of “change talk” while softening “sustain talk”.
 - There are two types of change talk: *preparatory* change talk and *mobilizing* change talk.
- *Preparatory* change talk does not necessarily lead to change, but often comes before stronger change talk.
- *Mobilizing* change talk takes it one step further and there is research evidence that if it is spontaneous, it is most predictive of positive outcomes in MI.

Enhancing Change Talk

MI has core skills of **OARS**, attending to the **language of change** and the artful exchange of information

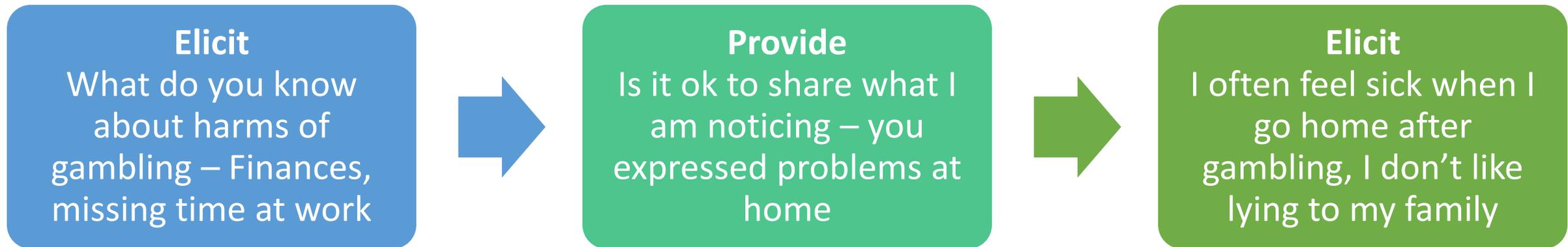


Open-Ended Questions

- Open questions draw out and explore the person's experiences, perspectives, and ideas.
- Questions that guide the client to reflect on how change may be meaningful or possible.
- Explore the person's hopes, strengths, and needs – get curious!

Open-Ended Questions

Information can be often offered within a structure of open questions (Elicit-Provide-Elicit). The aim is to first “elicit” what the client already knows, then fill in any gaps or misconceptions (provide), and finally to explore how that fits with the client’s experience (elicit).



- **Help me understand...**
- **How would you like things to be different?**
- **What do you want to do next?**
- **Tell me more about...**

Affirmations

Recognize a person's strengths, efforts, and past successes help to build the person's hope and confidence in their ability to change.

Behavior

Intention

Struggles

Thinking

Feelings

*Traits,
Qualities*

Affirmations are **free** and not used nearly enough.

Affirmations

Counselor

- You set a goal of attending 5 GA meetings and made 2 this week. It was difficult for you to attend your first meeting and now you are going twice a week.
- You handled yourself well in that situation.
- You didn't know if you could do it, but you tried anyway.

Client

- Progress over perfection.
- I am worthy of great things.
- I can and I will.
- The past has no power over me.
- I have many strengths.
- I am capable.
- One day at a time.

Reflections

Reflections are based on careful listening and trying to understand what the person is saying, by *repeating, rephrasing or offering a deeper guess about what the person is trying to communicate*.

- This is a foundational skill of MI and how we express empathy.
- Human beings are “meaning makers”.
- The world doesn’t contain intrinsic meaning. We take the facts presented from our surroundings and infer meaning in our minds.
- Some of us get into the habit of assigning meaning that leaves us feeling powerless, lonely and unmotivated.

Reframing Negative Self-Talk

- This is too hard; I don't want to do change.
 - I am going to miss gambling and the excitement.
 - I have lost all my freedom.
 - I don't want to let anyone down.
- Change is hard, but I am going to try my best.
 - I am glad to be able to repair my relationships.
 - I am planning to try new things.
 - I have relinquished my freedom for a better purpose.
 - It is ok to say "no"

FRAMES

Feedback

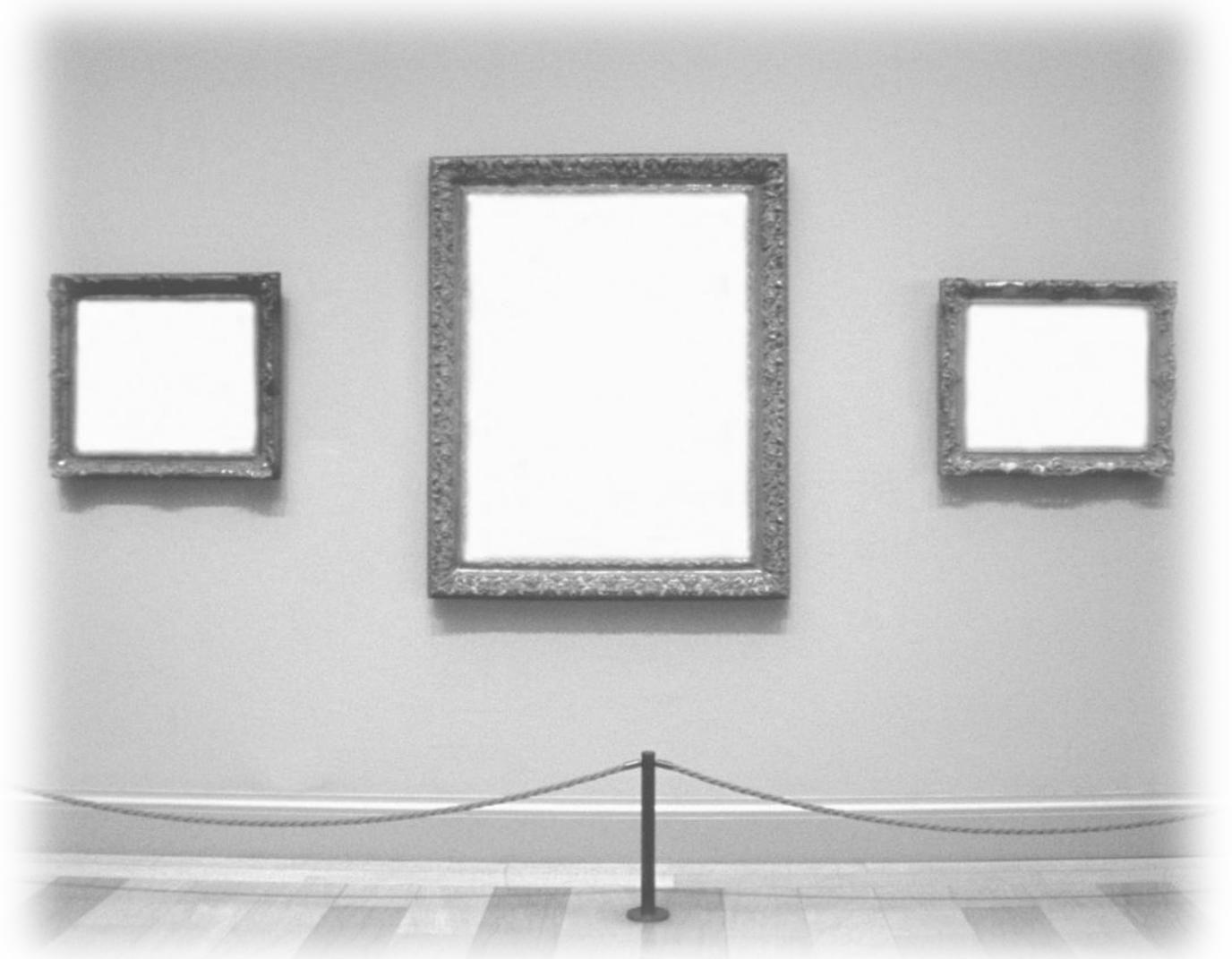
Responsibility

Advice

Menu of Options

Empathy

Self-Efficacy



Summarize

- Summarizing ensures shared understanding and reinforces key points made by the client.
- Time to clarify what is important to your client and plan next steps.





15 Minute Break



Harm Reduction

Polling Question

Which approach do you primarily use in your work with clients?

- a) Abstinence
- b) Harm Reduction

Q: What is Harm Reduction?

A:

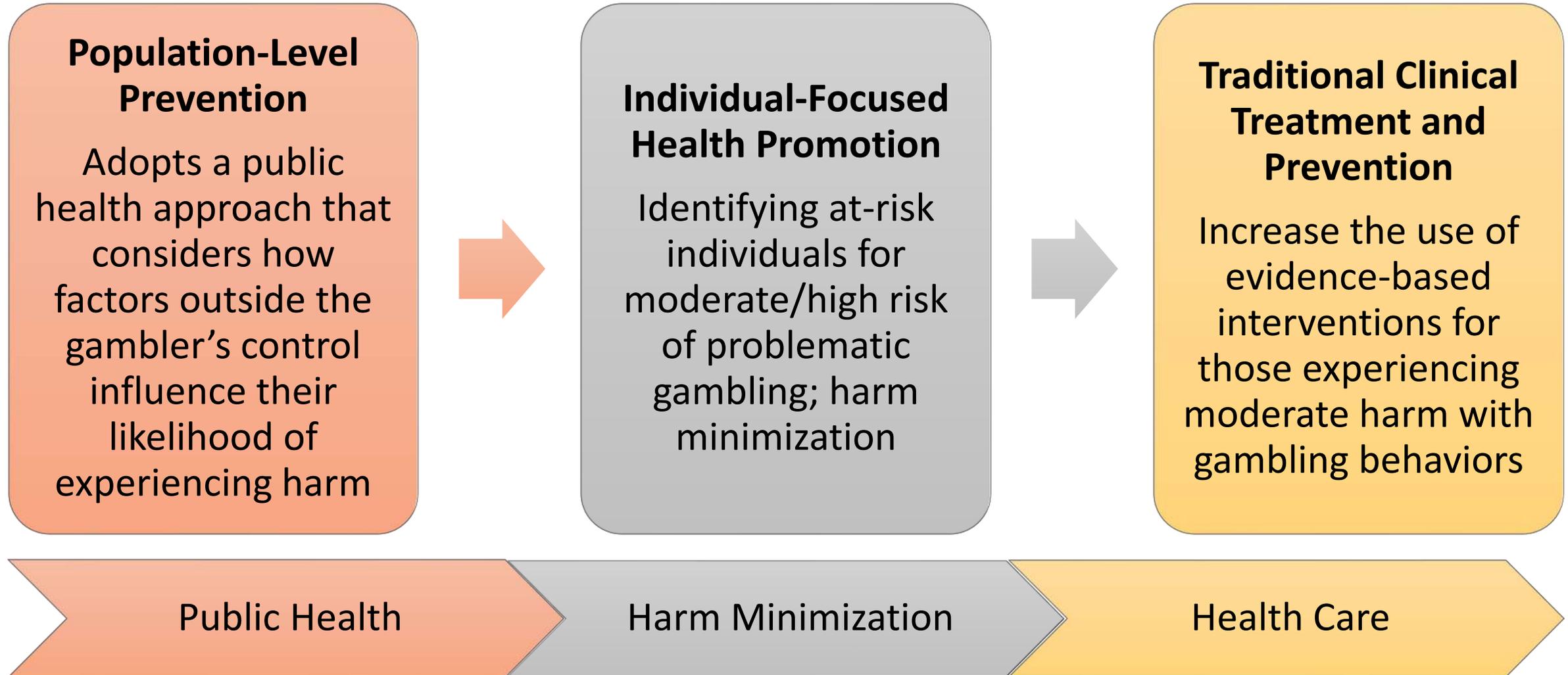
- The concept comes from a public health model which has the goal of reducing harm.
- Is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- Harm reduction recognizes and encourages abstinence but accepts alternatives that reduce harm and risk.

Comprehensive Harm Reduction

is a set of public health strategies intended to reduce the negative impact of drug use including HIV, hepatitis C, other infections, overdose and death among people who are **unable or not ready** to stop using drugs.

Is harm reduction for gambling comparable to harm reduction for alcohol and drugs?

The Three Approaches of Gambling Harm Prevention



Harm Reduction: What It Is and What It Isn't

- Harm reduction is a way to **break down barriers** to engaging the client.
- Harm reduction is a **public health alternative** to the moral/criminal and disease models.
- Harm reduction recognizes **abstinence as an ideal outcome** but accepts alternatives that reduce harm or risk.

*(Based on Prochaska, Norcross, & DiClemente, 1994; Jim Milligan
& Tom Walker of Ontario YMCA Youth Gambling Project)*

Basic Principles

- Harm reduction recognizes abstinence as an ideal outcome but accepts alternatives that reduce harm
- Harm reduction approaches can be encouraging to individuals who do not see abstinence as an attractive or feasible option
- Illogic of abstinence as requirement for continuing treatment
- Reality of high relapse rates, especially early in treatment
- Evidence of “natural” recovery
- Evidence from treatment outcome studies

Harmful Gambling is a Public Health Issue

As types of gambling products and accessibility to gambling have increased, so too have concerns as to the harm associated with this behavior.

Gambling related harms in the following areas:

- Financial harm (to the person who gambles, the affected others, and/or the community)
- Relationship disruption conflict or breakdown (with friends, family and community)
- Emotional or psychological distress
- Detriments to health
- Cultural harm
- Reduced performance at work or study
- Criminal activity

(Langham et. al., 2016)

The Harms of Gambling

(National Research Council, 1999; Neal, Del-fabbro, & O'Neill, 2005)

- Health Problems
- Psychological/emotional problems (*depression, anxiety, etc.*)
- Relationship breakdown (*separation, divorce, isolation*)
- Family members' health and well-being
- Lost productivity and workplace costs
- Unemployment
- Bankruptcy
- Foreclosure/eviction
- Homelessness
- Crime
- Suicide
- Financial problems
- Alcohol abuse
- Depression
- Anger
- Conflict/abuse
- Hopelessness
- Anxiety
- Isolation (*particularly women*)
- Fear of Job Loss (*more so men*)
- Obsessive-Compulsive Symptoms
- Sleep problems
- Headaches
- More sick days
- GI problems
- Breathing problems

Reducing the harm of excessive gambling for an *individual*

- Monitor access to money and credit
- Can involve family, individuals, or hopefully both
- Gambling industry intervention
- Reduce addictive potential of games
- Decrease speed of play
- Decrease cost of play
- Loss limits
- Time limits

Family Involvement is Crucial

- Is the family willing/able to tolerate limited gambling?
- How can the family feel safe — financially, emotionally, physically?
(Assess any history of violence or abuse)
- How can gambling be discussed honestly in the family?
- Asset protection planning: financial transparency



ENGAGE

Enters into a supportive relationship

Non-blaming

Gives options

Accepts their choices

Gains awareness

Educates around potential harm or risk

Abstinence Seems to Be Appropriate in the Following Circumstances

SEVERE DIAGNOSIS	When the gambling has reached the extreme end of the continuum, i.e., when the client has received the diagnosis of disorder gambling, severe, using the DSM-5 criteria
ATTEMPTS WITHOUT SUCCESS	When the client has already made attempts to moderate without success
ABSTINENCE	When the client names his or her goal as abstinence or When a client wants to enter an abstinence-based treatment program
MANDATE	When a client is mandated by an employer or the criminal justice system
RELATIONSHIPS	When relationships are at risk, especially for the peace of mind of the partner To match the non-gambling partner's belief system about what needs to happen for the relationship to be saved
SUICIDE	When client is having suicidal thoughts or at risk

Disadvantages of the Abstinence-Only Approach

<p>IGNORES IMPROVEMENTS</p>	<p>Abstinence doesn't recognize improvements or successful attempts to cut down.</p>
<p>EXCESSIVELY STRINGENT</p>	<p>Abstinence criteria may be excessively stringent and therefore a barrier for some potential clients entering a treatment program where abstinence is a requirement—they might not be ready, it might not match their belief system, or it might be too difficult to achieve now.</p>
<p>CONTRADICTS SOME RESEARCH</p>	<p>An abstinence-only approach contradicts some current research that suggests moderation is appropriate for some clients.</p>

Identify Your Warning Signs

If you chose to continue to gamble, review the list of warning signs below and circle the ones that you think you need to be aware of and monitor.

SOME COMMON WARNING SIGNS OF GAMBLING PROBLEMS:

- Any increase in gambling behaviors
- Noticing an increase in cravings for other addictive behaviors in connection with gambling
- Using gambling as an alternative to other addictive behaviors
- Gambling to relieve boredom, anxiety, or depression
- Feeling the same kind of rush or high when gambling as when using substances

What are other signs that you might notice to indicate that gambling might be becoming a problem for you and/or putting your recovery at risk?

Righting Reflex

The strong urge to tell a client the “right” thing to do.

Harm Reduction with Therapeutic Reinforcement

Help Client:

Realize consequences of their choices

See they have options

Analyze likelihood of success if they follow guidelines
or not

Sincerely try options, but failure or inability to stay
with limits leads to commitment to abstinence

Allow your client
to define their
own problems
and find
**collaborative
solutions**

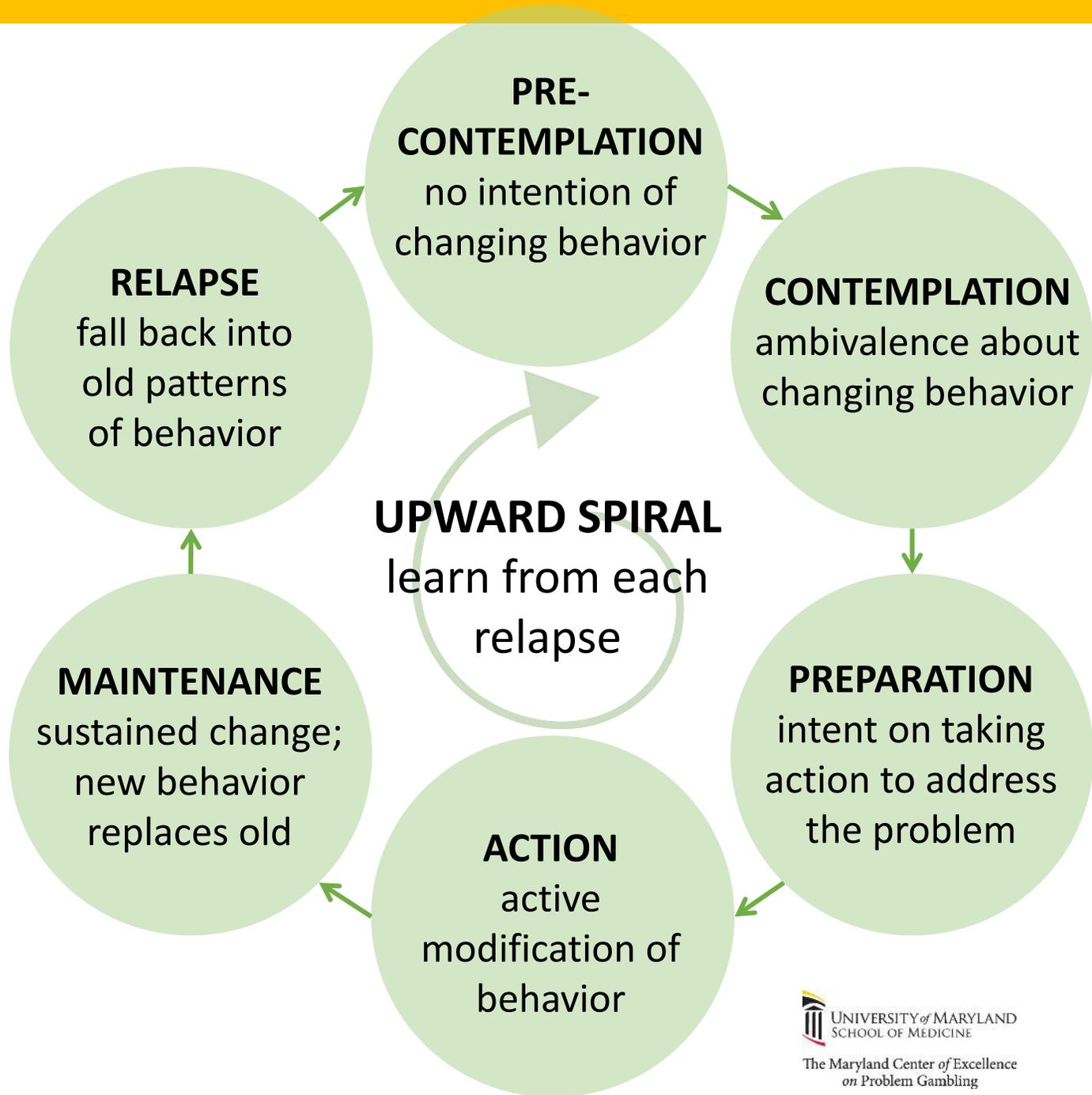


Stages of Change

Stages of Change

- Assist in **assessing an individual's readiness** to act on a new healthier behavior, and provides strategies, or processes of change to guide the individual (Prochaska & DiClemente, 1983)
- Interventions based on **enhancing client's presenting level of motivation**
- Studies have shown **significant gambling reduction** with brief motivational interventions

(Hodgins, Makarchuk, El-Guebaly, & Peden, 2002; Petry, Weinstock, Ledgerwood, & Morasco, 2008)



Understanding the Stages of Change

Polling Question

Of the clients that you are currently seeing, what do you think is most common stage of change they are in currently. Consider their primary diagnosis only.

- a) Precontemplation
- b) Contemplation
- c) Planning/Preparation
- d) Action
- e) Maintenance

Appropriate Motivational Strategies for Each Stage of Change

PRE- CONTEMPLATION

The client is not yet considering change or is unwilling or unable to change.

- Establish rapport, ask permission, and build trust.
- Raise doubts or concerns in the client about substance-using patterns.
- Express concern and keep the door open.

Appropriate Motivational Strategies for Each Stage of Change

CONTEMPLATION

The client acknowledges concerns and is considering the possibility of change but is ambivalent and uncertain.

- Normalize ambivalence.
- Help the client “tip the decisional balance scales” toward change.
- Elicit and summarize self-motivational statements of intent and commitment from the client.
- Elicit ideas regarding the client's perceived self-efficacy and expectations regarding treatment.

Appropriate Motivational Strategies for Each Stage of Change

PREPARATION

The client is committed to and planning to make a change soon but is still considering what to do.

- Explore treatment expectancies and the client's role.
- Clarify the client's own goals.
- Negotiate a change—or treatment—plan and behavior contract.
- Consider and lower barriers to change.
- Help the client enlist social support.

Appropriate Motivational Strategies for Each Stage of Change

ACTION

The client is actively taking steps to change but has not yet reached a stable state.

- Engage the client in treatment and reinforce the importance of remaining in recovery.
- Acknowledge difficulties for the client in early stages of change.
- Help the client identify high-risk situations through a functional analysis and develop appropriate coping strategies to overcome these.

Appropriate Motivational Strategies for Each Stage of Change

MAINTENANCE

The client has achieved initial goals such as abstinence and is now working to maintain gains.

- Support lifestyle changes.
- Affirm the client's resolve and self-efficacy.
- Help the client practice and use new coping strategies to avoid a return to use/gamble.
- Develop a “fire escape” plan if the client resumes substance use.
- Review long-term goals with the client.

Appropriate Motivational Strategies for Each Stage of Change

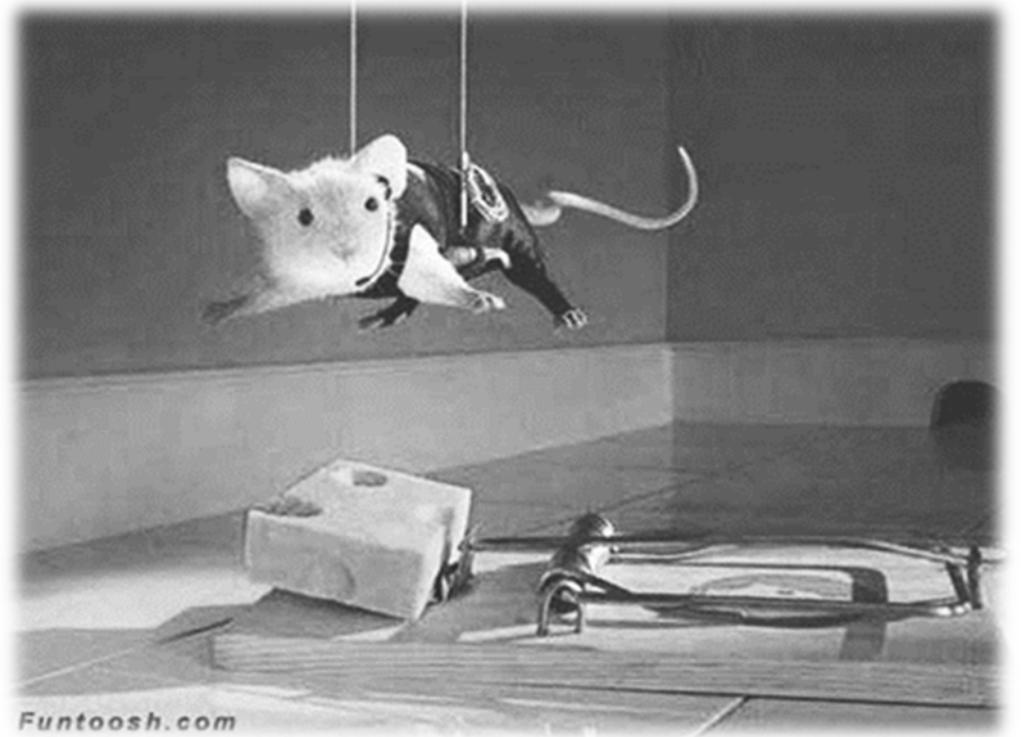
RELAPSE

The client has experienced a recurrence of symptoms and must now cope with consequences and decide what to do next.

- Help the client re-enter the change cycle and commend any willingness to reconsider positive change.
- Explore the meaning and reality of the recurrence as a learning opportunity.
- Assist the client in finding alternative coping strategies.
- Maintain supportive contact.

Motivation

- It is impossible to have an unmotivated client.
- Everybody is always motivated towards something.
- The question is what?



The acronym **PACE** can be used to remember the spirit of Motivational Interviewing:

- **P**artnership:
 - working together
- **A**cceptance:
 - 4'A's: affirmation, autonomy, absolute worth, accurate empathy
- **C**ompassion:
 - caring about a person's interest
- **E**vocation:
 - bringing out a person's wisdom rather than educating them

Evocation vs. Persuasion

Based on the belief that the client holds the resources and motivation for change within him or herself, **evocation** is the process of drawing out the client's perceptions, goals, and values.

Evocation carries an attitude of **curiosity** and patience, rather than persuasion.

Enhancing Change Talk

Thinking About Change

What change(s) are you considering?



How Important is it that you make this Change?



How Ready are you to make this Change?



How Confident are you that you can make this Change?

Enhancing Change Talk

Readiness Ruler:

How Ready are you to make this Change?



Not at all

Extremely

Confidence Ruler:

How Confident are you that you can make this Change?



Not at all

Extremely

Change Planning

- What, specifically, would you like to be different?
- What, specifically, could you do to get started?
- If the first step is successful, then what?
- Who else could you ask for support, assistance, if anyone?
- What could you ask for?
- What would be signs that things are going well?
- How would you know if you were off-track?
- What would you do if you got off-track?

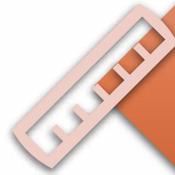
SMART Goals



SMART Goals



Specific



Measurable



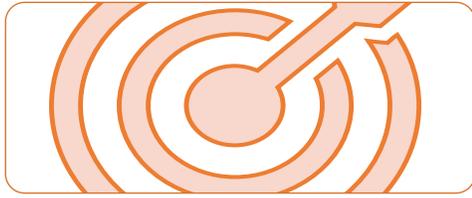
Attainable



Relevant



Time-Bound



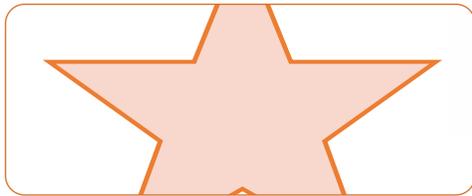
Specific

- Clearly identify the goal



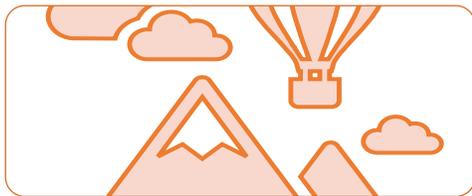
Measurable

- Define the goal in measurable terms so you can see your progress



Attainable

- Choose goals that are realistic and manageable



Relevant

- Make sure the goal is important to you



Time-bound

- Define the time frame during which you will achieve the goal

Specific Principles of Motivational Interviewing

- Remove barriers
- Practice empathy
- Provide choice
- Provide feedback
- Decrease desirability
- Clarify goals
- Actively help client toward goals

Goal Setting



Follows from strength-based approach



Process of collaboration and partnering



Prioritize a few key areas

Common Goals

- Pay off debt
- I want to keep my marriage
- I don't want to lose my family
- I want my family off my back
- I want hope
- I want recognition, respect
- I want to win back the money I've lost
- I want to keep my job
- I want to keep my home
- I want to solve my financial problems
- I want to stop hurting the people I love
- I want to stay out of jail
- I want to control my gambling
- I want to get relief from . . .
- I want something to do
- I want something for me
- I want to feel safe
- I want to have fun
- I don't want to be alone

Practice SMART Goal Setting:

Goal:	<u>Specific:</u> Explain exactly what you want to accomplish.	<u>Measurable:</u> How will you measure your progress <i>during and/or after</i> ?	<u>Attainable:</u> Is it realistic & manageable to accomplish this goal?	<u>Relevant:</u> Why is it important to you to achieve this goal?	<u>Time-Bound:</u> When do you want to accomplish this?
Pay off Debt	<ul style="list-style-type: none">• Identify debts• Identify and pay-off highest debt	<ul style="list-style-type: none">• Request reduction in interest rates• Make regular monthly payments	<ul style="list-style-type: none">• Yes, if I focus on one debtor at a time• I can afford X amount each month	<ul style="list-style-type: none">• Relieve debt to sustain home• Reminder of damage from gambling	<ul style="list-style-type: none">• If I make the same monthly payments, I can be free of my highest debt in one year

Peer Support for Gambling

1-800-GAMBLER

Call/Text 24/7



Offer guidance and support to limit, stop or control gambling



Connecting help seekers to no cost treatment, 12-step meetings, credit counseling, etc.



Inspire hope and optimism navigating recovery goals



Advocate that recovery is possible by sharing their lived experience (1:1 or in psychoeducation groups)



GAMBLING RESOURCES

Gambling Helpline: 1-800-GAMBLER

National Council on Problem Gambling

<https://www.ncpgambling.org/>

Gamblers Anonymous

<https://www.gamblersanonymous.org/ga/locations>

Gam-Anon

<https://gam-anon.org/>

Gam-Ban

<https://gamban.com/>

Consumer Financial Protection Bureau:

<https://www.consumerfinance.gov/>

National Suicide Prevention Lifeline:

<https://988lifeline.org/>

1-800-273-8255 or **988**

MARYLAND RESOURCES

Gambling Helpline: 1-800-GAMBLER



Maryland Legal Aid:

<https://www.mdlab.org/>

Maryland Volunteer Lawyers Service

<https://mvlslaw.org/>

**Consumer Credit Counseling Services
of Maryland:**

www.cccsmd.org

Maryland Coalition of Families:

<https://www.mdcoalition.org/who-we-help/problem-gambling/>

**Maryland Center of Excellence on
Problem Gambling:**

- mdproblemgambling.com
- helpmygamblingproblem.org
- asiangamblingsos.org
- militarygamblesafe.org

Local GA Meetings:

<http://dmvgamblinghelp.org/>

Maryland 211, press 1: Crisis Hotline



Savor Joy!

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Questions
or
Comments